

tensely red, and its outer walls much thickened." It is common, after having washed away the bile which covers it, to find on it a very fine punctuated redness. Wrisberg, Sandifort's *Thesaur. Disput.* vol. iii, p. 214. In the child of a mother who labored under biliary calculi, which died in seven weeks after birth, there were "concrementa calculosa, sabuli instar," in the gall bladder. The liver was large and indurated.

*Spleen.*—Lieutaud gives an instance of congenital absence of the spleen, and supernumerary spleens are occasionally met with. It is also found congested, ruptured, enlarged, inflamed, simply hypertrophied, and tuberculated. Congestion, according to Billard, is the commonest congenital lesion, and he had once known it ruptured. In the sixth and tenth cases related in Dr. Simpson's paper on peritonitis before referred to, the spleen was much enlarged, had on it patches of lymph, and was morbidly adherent. "Tubercular granulations of the liver and spleen," Billard says, are not very rare. Hichad saw them in five children. In a case mentioned by Petitmengin, *Gaz. Méd.*, January, 1833, the spleen was enormously hypertrophied, and its peritoneal surface morbidly adherent. In the 11th obs. of Cruveilhier's liv. 15, the spleen was four times larger than natural.

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The preceding Bibliography might be greatly extended by references to individual cases, but this would transcend our limits. The works we have quoted comprise the principal sources of information, and will furnish the inquirer the means of ascertaining what has been done towards the investigation of the diseases of the fœtus.

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